



Senate

General Assembly

File No. 370

February Session, 2008

Substitute Senate Bill No. 387

Senate, April 1, 2008

The Committee on Public Health reported through SEN. HANDLEY of the 4th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING OVERSIGHT OF ALZHEIMER'S SPECIAL CARE UNITS OR PROGRAMS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-562 of the 2008 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective October 1, 2008*):

4 (a) As used in this section and section 19a-562a of the 2008
5 supplement to the general statutes, as amended by this act, and section
6 3 of this act, "Alzheimer's special care unit or program" means any
7 nursing facility, residential care home, assisted living facility, adult
8 congregate living facility, adult day care center, hospice or adult foster
9 home that locks, secures, segregates or provides a special program or
10 unit for residents with a diagnosis of probable Alzheimer's disease,
11 dementia or other similar disorder, in order to prevent or limit access
12 by a resident outside the designated or separated area, or that
13 advertises or markets the facility as providing specialized care or
14 services for persons suffering from Alzheimer's disease or dementia.

15 (b) On and after January 1, 2007, each Alzheimer's special care unit
16 or program shall provide written disclosure to any person who will be
17 placed in such a unit or program or to that person's legal
18 representative or other responsible party. Such disclosure shall be
19 signed by the patient or responsible party and shall explain what
20 additional care and treatment or specialized program will be provided
21 in the Alzheimer's special care unit or program that is distinct from the
22 care and treatment required by applicable licensing rules and
23 regulations, including, but not limited to:

24 (1) Philosophy. A written statement of the overall philosophy and
25 mission of the Alzheimer's special care unit or program that reflects
26 the needs of residents with Alzheimer's disease, dementia or other
27 similar disorders.

28 (2) Preadmission, admission and discharge. The process and criteria
29 for placement within or transfer or discharge from the Alzheimer's
30 special care unit or program.

31 (3) Assessment, care planning and implementation. The process
32 used for assessing and establishing and implementing the plan of care,
33 including the method by which the plan of care is modified in
34 response to changes in condition.

35 (4) Staffing patterns and training ratios. The nature and extent of
36 staff coverage, including staff to patient ratios and staff training and
37 continuing education.

38 (5) Physical environment. The physical environment and design
39 features appropriate to support the functioning of cognitively
40 impaired adult residents.

41 (6) Residents' activities. The frequency and types of resident
42 activities and the ratio of residents to recreation staff.

43 (7) Family role in care. The involvement of families and family
44 support programs.

45 (8) Program costs. The cost of care and any additional fees.

46 (c) Each Alzheimer's special care unit or program shall develop a
47 standard disclosure form for compliance with subsection (b) of this
48 section and shall submit such disclosure form to the Department of
49 Public Health. The department shall annually review and verify the
50 accuracy of the information provided by Alzheimer's special care units
51 or programs. Each Alzheimer's special care unit or program shall
52 update and report to the department any significant change to the
53 information reported pursuant to subsection (b) of this section not later
54 than thirty days after such change.

55 (d) The Commissioner of Public Health shall adopt regulations in
56 accordance with the provisions of chapter 54 to carry out the
57 provisions of this section.

58 Sec. 2. Section 19a-562a of the 2008 supplement to the general
59 statutes is repealed and the following is substituted in lieu thereof
60 (*Effective October 1, 2008*):

61 (a) Each Alzheimer's special care unit or program shall annually
62 provide Alzheimer's and dementia specific training to all licensed and
63 registered direct care staff and nurse's aides who provide direct patient
64 care to residents enrolled in the Alzheimer's special care unit or
65 program. Such requirements shall include, but not be limited to, (1) not
66 less than eight hours of dementia-specific training, which shall be
67 completed not later than six months after the date of employment and
68 not less than [three] eight hours of such training annually thereafter,
69 and (2) annual training of not less than two hours in pain recognition
70 and administration of pain management techniques for direct care
71 staff.

72 (b) Each Alzheimer's special care unit or program shall annually
73 provide a minimum of one hour of Alzheimer's and dementia specific
74 training to all unlicensed and unregistered staff, except nurse's aides,
75 who provide services and care to residents enrolled in the Alzheimer's
76 special care unit or program. For such staff hired on or after October 1,

77 2007, such training shall be completed not later than six months after
78 the date of employment.

79 Sec. 3. (NEW) (*Effective from passage*) The Commissioner of Public
80 Health shall adopt regulations, in accordance with the provisions of
81 chapter 54 of the general statutes, for facilities licensed pursuant to
82 chapter 368v of the general statutes that operate an Alzheimer's special
83 care unit or program, as defined in subsection (a) of section 19a-562 of
84 the 2008 supplement to the general statutes, as amended by this act.
85 Such regulations shall address the health, safety and welfare of
86 residents in such units or programs and shall include (1) staffing
87 requirements, including staff-to-patient ratios; (2) training
88 requirements, pursuant to section 19a-562 of the 2008 supplement to
89 the general statutes, as amended by this act, and any additional
90 training requirements the commissioner deems necessary; (3) an
91 annual medical assessment requirement of a resident's dementia care
92 needs; (4) design and safety measures necessary to ensure the safety of
93 residents; and (5) any additional requirements the commissioner
94 deems necessary to ensure such residents' physical, social, emotional,
95 safety and health care needs are being met.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2008</i>	19a-562
Sec. 2	<i>October 1, 2008</i>	19a-562a
Sec. 3	<i>from passage</i>	New section

Statement of Legislative Commissioners:

In subsection (a) of section 1 the brackets around the word "section" were removed and the word "sections" was deleted for accuracy.

AGE *Joint Favorable Subst.-LCO C/R* PH

PH *Joint Favorable*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either chamber thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 09 \$	FY 10 \$
Public Health, Dept.	GF - Cost	144,700	125,500
Comptroller Misc. Accounts (Fringe Benefits) ¹	GF - Cost	31,813	67,953
Social Services, Dept.	GF - Cost	Potential	Potential

Note: GF=General Fund

Municipal Impact: None

Explanation

The Department of Public Health (DPH) will incur costs of approximately \$144,700 in FY 09 and \$125,500 in FY 10 to conduct enhanced oversight of an estimated 120 – 150 Alzheimer’s special care (ASC) units or programs.

FY 09 costs include: \$86,920 to support the three-quarter year salaries of 1.5 Nurse Consultants needed to review and verify patient disclosure information submitted by each unit/program and assist in developing regulations; \$38,515 to support the salary of 0.5 Design Engineer needed on a one-time basis to assist with developing regulations concerning design/safety measures; \$16,465 in associated other expenses (including vehicles/gas) and \$2,800 in one-time equipment costs. FY 10 costs of \$125,500 reflect continuing support for the Nurse Consultants and annualized other expenses needs.

¹ The fringe benefit costs for state employees are budgeted centrally in the Miscellaneous Accounts administered by the Comptroller. The first year fringe benefit costs for new positions do not include pension costs. The estimated first year fringe benefit rate as a percentage of payroll is 25.36%. The state's pension contribution is based upon the prior year's certification by the actuary for the State Employees Retirement System (SERS). The SERS fringe benefit rate is 33.27%, which when combined with the rate for non-pension fringe benefits totals 58.63%.

Additional costs would be incurred for fringe benefits costs (\$31,813 FY 09; \$67,953 FY 10).

Increasing, from 3 to 8 hours, the minimum hours of annual training for all direct patient care staff in ASC units or programs will increase their operational cost. To the extent that these units/programs care for Medicaid patients, a portion of these training costs may be passed on to the state through allowable cost rate increases. Any such increase in state costs is not expected to be significant.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**SB 387****AN ACT CONCERNING OVERSIGHT OF ALZHEIMER'S SPECIAL CARE UNITS OR PROGRAMS****SUMMARY:**

This bill amends the standard disclosure requirements for Alzheimer's special care units or programs. It also increases the number of hours, from three to eight, that each unit or program must annually provide Alzheimer's and dementia-specific training to licensed and registered direct care staff and nurse's aides who provide direct patient care to residents in the units or programs.

Finally, the bill requires the Department of Public Health (DPH) to adopt regulations on training and staffing requirements, including staff-to patient ratios; annual medical assessment requirements of resident's dementia care needs; design and safety measures; and any additional requirements to ensure resident health, safety, and well-being.

EFFECTIVE DATE: October 1, 2008, except for the section on DPH regulations which is effective upon passage.

STANDARD DISCLOSURE REQUIREMENTS

Under current law, each Alzheimer's special care unit or program must annually review and verify information included in its standard disclosure form. The bill instead requires the forms to be submitted annually to DPH for review and verification.

The bill also requires the unit or program to report the changes to the DPH within 30 days of the change. Current law requires the unit or program to update any significant changes to the form within 30 days of the change.

BACKGROUND***Standard Disclosure Forms***

By law, Alzheimer's special care units or programs must disclose in writing to people who will live in them or their legal representative or other responsible party information about the unit's philosophy, costs, admission, and discharge procedures; care planning and assessment; staffing; physical environment; residents' activities; and family involvement. The required disclosure must explain what additional care and treatment or specialized program the Alzheimer's unit will provide that is distinct from the care and treatment required by the applicable licensing rules and regulations.

Training for Licensed and Direct Care Staff

Current training requirements for licensed and registered direct care staff and direct care nurse's aides include: (1) at least eight hours of dementia-specific training, which must be completed within six months of the date of employment and followed by at least three hours of such training annually afterward, and (2) at least two hours of annual training in pain recognition and administration of pain management techniques for direct care staff (CGS § 19a-562a, as amended by PAs 07-34 and 07-252).

COMMITTEE ACTION

Select Committee on Aging

Joint Favorable Change of Reference

Yea 11 Nay 0 (03/04/2008)

Public Health Committee

Joint Favorable

Yea 27 Nay 0 (03/14/2008)